

UNITED STATES DISTRICT COURT  
for the  
Southern District of Mississippi

Ted Doukas \_\_\_\_\_  
\_\_\_\_\_  
Plaintiff \_\_\_\_\_  
v. \_\_\_\_\_  
United States of America \_\_\_\_\_  
\_\_\_\_\_  
Defendant \_\_\_\_\_

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)  
)

Civil Action No. 4:10cv98TSL-LRA

**SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address) UNITED STATES OF AMERICA, by service upon:

U. S. Attorney Don Burkhalter  
Southern District of Mississippi  
188 E. Capitol Street, Suite 500  
Jackson, MS 39201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John W. Crowell, Esq.  
Nichols, Crowell, Gillis, Cooper & Amos, PLLC  
710 Main Street, Third Floor  
Post Office Box 1827  
Columbus, MS 39703-1827  
662-243-7308

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

JUN 09 2010

  
Signature of Clerk or Deputy Clerk

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* United States of America  
was received by me on *(date)* June 10, 2010

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Civil Process Clerk \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* U. S. Attorney Don  
Burkhalter (United States of America) \_\_\_\_\_ on *(date)* June 11, 2010; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ 0.00 for travel and \$ 6.83 for services, for a total of \$ 6.83.

I declare under penalty of perjury that this information is true.

Date: June 14, 2010
  
 Server's signature
Michelle Holliman, Legal Assistant*Printed name and title*Post Office Box 1827, Columbus, MS 39703*Server's address*

Additional information regarding attempted service, etc:

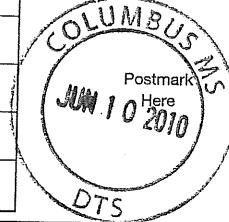
Service made by certified mail. See attached return receipt.

**U.S. Postal Service MNH #29,637-001**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

0395

Attn: Al Jernigan, Asst. U. S. Attorney

7881	Postage	\$ 1.73
001b	Certified Fee	2.00
000	Return Receipt Fee (Endorsement Required)	2.50
7000	Restricted Delivery Fee (Endorsement Required)	
7520	Total Postage & Fees	\$4.23



Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**Civil Process Clerk**  
Street, Apt. No.; or PO Box No.  
**188 East Capitol Street, Ste. 500**  
City, State, ZIP+4  
**Jackson, MS 39201**

PS Form 3800, February 2000      See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

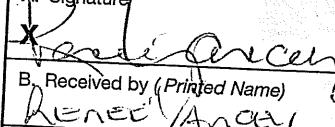
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Civil Process Clerk**  
**Attn: Al Jernigan, Asst.**  
**U. S. Attorney**  
**188 East Capitol Street,**  
**Suite 500**  
**Jackson, MS 39201**

2. Article Number      7000 0520 0016 7881 0395  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  


B. Received by (Printed Name)  
**RENEE /Ancey**

C. Date of Delivery  
**6/11/10**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, August 2001      Domestic Return Receipt      102595-02-M-1540